

Attorney's Docket No. 032929-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pa	tent Application of)	Dr-				
HÖPFL et al.) Group Art Unit: 3736	RECEIVER				
Applicat	tion No.: 09/486,394) Examiner: P. Wingood	MAY 4 2001				
Filed: J	une 20, 2000)	RECEIVED MAY 4 2001 TECHNOLOGY CENTER R3700				
	DIAGNOSTIC KIT FOR SKIN TESTS, AND METHOD))))	4700				
	AMENDMENT/REPLY 1	TRANSMITTAL LETTER					
	t Commissioner for Patents gton, D.C. 20231						
Sir:							
Enc	closed is a reply for the above-identified p	patent application.					
[]	A Petition for Extension of Time is also enclosed.						
[]	A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.						
[X]	Also enclosed is <u>an Information Disclo</u> 13 references.	lso enclosed is an Information Disclosure Statement, and PTO Form-1449 along with references.					
[]	Small entity status is hereby claimed.						
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$355.00 (279) [] \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).						
	[] Applicant(s) previously submitted requested.	, on, for which continued	d examination is				
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.						
[]	A Request for Entry and Consideration	of Submission under 37 C.F.R	§ 1.129(a)				

(03/01)

Amendment/Reply Transmittal Letter Application No. <u>09/486,394</u> Attorney's Docket No. <u>032929-001</u> Page 2

- [X] No additional claim fee is required.
- [] An additional claim fee is required, and is calculated as shown below:

		AMENDED	CLAIMS		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (103) =	
Independent Claims		MINUS =		× \$80.00 (102) =	
If Amendment adds mu	ltiple depende	ent claims, add \$270	0.00 (104)	•	**************************************
Total Amendment Fee					
If small entity status is	claimed, subt	ract 50% of Total A	mendment Fe	e	
TOTAL ADDITIONA	L FEE DUE	FOR THIS AMEN	DMENT	45.50	

- [X] A fee in the amount of \$_180.00_\ enclosed.
- [] Charge \$ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:_

Dawn M. Gardner

Registration No. 44,118

P.O. Box 1404

Alexandria, Virginia 22313-1404

(703) 836-6620

Date:

(03/01)